



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
VIOS	Melvin	P.	595-7199
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
350 Ward Ave., Ste 106	Honolulu	HI	96814
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Society for Human Resource Management, Hawaii Chapter	236-2429
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 3175	Honolulu HI 96801
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Ms. Nona Tamanaha	922-4422
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
Royal Hawaiian Hotel, 2259 Kalakaua Ave.; Honolulu, HI	96815

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportaion
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
ARLENE ODAGIRI	President
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Society for Human Resource Management, Hawaii Chapter	236-2429
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 3175	Honolulu HI 96801
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
(Signature of Authorizing Officer or Person Represented)	(Date)